पिछले तीन वर्षों के दौरान विदेशी मुद्रा विनियमन अधिनियम (फेरा) के अंतर्गत गिरफ्तार किए गए और तदपत्तर रिहा किए व्यक्तियों के क्षेत्र-वार आंकड़े निम्नानुसार हैं:—

वर्ष	1994	1995	1996
क्षेत्र			
मुम्बई	151	116	90
कलकत्ता	103	13	29
दिल्ली	40	32	19
जालंधर	13	13	28
चेन्नई	58	54	47
	365	228	213

फेरा के अंतर्गत गिरफ्तार व्यक्तियों से संबंधित आंकड़ों को राज्यवार नहीं रखा गया है।

(ग) और (घ) जी, नहीं। फिर भी, सरकार उत्पीड़न को रोकने के लिए प्रवर्तन निदेशालय द्वारा की गई कार्रवाही पर नियमित रूप से निगरानी रखती है।

प्राथमिक स्वास्थ्य केन्द्रों और बड़े अस्पतालों में रोगियों को आवश्यक उपचार उपलब्ध करवाना

*330. **श्री अनन्तराय देवशंकर देव:** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या हाल ही में उच्चतम न्यायालय द्वारा संविधान के अनुच्छेद 21 में नए निर्वचन के संबंध में अध्ययन किया गया है, जिसमें प्राथमिक स्वास्थ्य केन्द्रों और बड़े अस्तपालों में रोगियों को आवश्यक उपचार उपलब्ध करवाने का उल्लेख किया गया है;

(ख) यदि हां, तो केन्द्र सरकार और अन्य राज्य सरकारों द्वारा त्रिपुरा और गुजरात सरकारों सहित, क्या कदम उठाए गए हैं;

(ग) क्या सरकार गुजरात राज्य के अहमदाबाद, बड़ोदरा, सूरत, राजकोट, जामनगर और गांधी नगर शहरों में जरूरतमंद रोगियों के लिए पर्याप्त संख्या में बिस्तरों की व्यवस्था करने का विचार रखती है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्यमंत्री (श्री सलीम इकबाल शेरवानी): (क) जी, हां।

(ख) उच्चयम न्यायालय के निर्देश सभी राज्य सरकारों/संघ राज्यक्षेत्रों के स्वास्थ्य सचिवों और सभी केन्द्रीय सरकारी अस्तपालों को भेज दिए गए हैं ताकि माननीय न्यायालय के आदेशों को लागू करने हेतु उचित कार्रवाई की जा सके। न्यूनतम आवश्यकता कार्यक्रम के माध्यम से और आपातकालीन परिचर्या सहित द्वितीयक स्तीरय अस्पतालों को सुदृढ़ करने हेतु बाह्य सहायता का लाभ उठाकर स्वास्थ्य कार्य ढांचे में वृद्धि करने में राज्य सरकारों की चरणबद्ध ढंग से सहायता की जा रही है। राज्यों के अस्तपालों के आपात विभागों में सुधार करने संबंधी मुद्दे पर केन्द्रीय सरकार और परिवार कल्याण परिषद की पिछली अखिल भारतीय बैठक के दौरान चर्चा की गई और एक सकंल्प राज्यों द्वारा अंगीकार किया गया जो इस प्रकार है:—

(i) राज्यों/संघ राज्यक्षेत्र जरूरतमंद रोगियों हेतु आपातकालीन उपचार सुविधाएं स्थापित करने में भारत के माननीय उच्चयम न्यायालय के आदेशों को लागू करने हेतु उपयुक्त कार्यवाही करें।

(ii) इस उद्देश्य के लिए उपयुक्त स्कीमें बनाई जाएं और वित्तीय जरूरतों को योजना आयोग को प्रक्षेपित किया जाए।

(iii) सिफारिश की जाती है कि केन्द्रीय सरकार/राज्य/संघ राज्यक्षेत्र अतिरिक्त अभिघात केन्द्र स्थापित करें।

(ग) और (घ) स्वास्थ्य राज्य का विषय है इसलिए राज्य सरकारें प्रारंभिक तौर पर अपनी समग्र प्राथमिकताओं और वित्तीय संसाधनों के भीतर अस्पताली सुविधाएं प्रदान करने हेतु जिम्मेवार है।

Foreign Assistance to Eliminate Aids

*331. SHRI V. RAJAN CHELLAPPA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of persons affected by AIDS (positive) in the country as on date;

(b) the areas where the cases of AIDS are reported heavily;

(c) the measures taken by Government to prevent this serious disease;

(d) the total amount allocated for the project to eliminate this disease from the country; and

(e) whether Government have sought any foreign assistance to eliminate AIDS?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELAFE (SHRI SALEEM IQBAL SHERVANI): (a) a toal of 2.95 million people have been screened from 1986 to 1997 (February) out of which 50,984 were found to be positive for Humane Immune Deficiency Virus. The total number of AIDS cases reported is 3263 as on February, 1997.

(b) Large number of AIDS cases have been reported from Maharashtra, Tamil Nadu and Manipur. A statement-I indicating number of AIDS cases State/UTs-wise is laid on the table of the House. (*See below*)

c) A statement-II on steps taken by C vernment to prevent this serious disease is laid on the table of the house. (*See below*)

(d) An amount of Rs. 280 crores was allocated for the National AIDS Control programme (including Blood Safety and national STD Control Programme) for the duration of VIII Five year Plan.

(e) The projet is being assisted with an international Development association Credit of US $ 84 million for prevention and control of AIDS in India.

Statement-I

State/UT-Wise

AIDS Cases in India (Reported to NACO)

(As on 28th Febraury, 1997)

S. No.	STATE UNION TERRITORY	AIDS CASES
1.	Andhra Pradesh	25
2.	Assam	10
3.	Arunachal Pradesh	0
4.	Andaman & Nicobar Island	0
5	Bihar	2
6.	Chandigarh (U.T.)	100
7.	Punjab	
8.	Delhi	118
9.	Daman & Diu (U.T.)	1
10.	Dadra & Nagar Haveli(U.T.)	0
11.	Goa	12
12.	Gujarat	131
13.	Haryana	1
14.	Himachal pradesh	9
15.	Jammu & Kashmir	2
16.	Karnataka	63
17.	Kerala	104
18.	Lakshadeep (U.T.)	0
19.	Madhya Pradesh	119
20.	Maharashtra	1578
21.	Manipur	176
22.	Mizoram	0
23.	Meghalaya	0
24.	Nagaland	4
25.	Orissa	2
26.	Pondicherry (U.T.)	124
27.	Rajasthan	3
28.	Sikkim	0
29.	Tamil Nadu	571
30.	Tripura	0
31.	Uttar Pradesh	57
32.	West Bengal	51
	Total	3263

Statement-II

Steps Taken by Government to Prevent/ Control HIV/AIDS

Government of India launched national AIDS Control programme in 1987 to combat this dreaded disease. A five year strategic plan (1992-97) with World Bank assistance is in operation since September 1992. The details of this programme are:

Programme Objectives & Strategies:

The objective of the national AIDS Control Programme is to slow down the spread of HIV so as to reduce future

morbidity and mortality due to AIDS in India.

Since there is no cure for HIV/AIDS, the emphasis has to be on prevention and care. These objectives are sought to be achieved by following strategies:

Strengthening of programme management

Blod Safety

Control of Sexually Transmitted Diseases

Surveillance & Research

IEC & Soical Mobilisation

Clinical Management

Reduction Impact of HIV/AIDS

Programme allocation:

An amount of Rs. 280 crores was allocated for the AIDS Prevention and Control Programme in the VIII Five year Plan Period. In 1992, the approval of the Cabinet for the utilisation of Rs. 222.60 crores was accorded. Further an amount of Rs. 45.22 crores was santioned for the Blood Safety Component of the AIDS codntrol Programme. A credit of US $ 84 milion was made available for this programme under World Bank assistance for period 1992-97.

The programme is being implemented as 100% Centrally Sponsored Scheme.

Programme Management:

The National AIDS Control Organisation under the Ministry of Health & Family Welfare is the nodal agency for implementation of this programme.

State AIDS Cell and Empowered Committees have been constituted in every State and Union Territory of the country.

Blood Safety:

The safe blood transfusion services have been ensured by

Constitution of National & State Blood Transfusion Councils

Establishment of 154 Zonal Blood Testing Centres linked to Blood Banks and availability of Rapid HIV Kits at District Level Blood Banks.

Strengthening of 815 Public Sector Blood Banks

Establishment of 40 Component Separation Facility.

Augmentation of Voluntary Blood Donation.

Control of sexually Transmitted Diseases

Sexually Transmitted Diseases prevention & control has been strengthened by:

Strengthening of 504 STD Clinics

Promotion of Syndromic management of STDs and its integration with reproductive health services.

Training of medical officer and Lab. technicians Condom promotion.

IEC & Social Mobilisation:

Since there is no cure of HIV/AIDS, this component has been given very high priority. The activity is being conducted by:

Use of all channels of communicatioin like Doordarshan, Akashvani, DAVP and Dte. of Field Publicity.

Development of generic package of IEC material for IVDUs, CSWs, Truck Drivers and STD patients.

Inter-sectoral collaboration and mobilisation

Development of NGO Guidelines and their involvement

Targetted intervantion among CSWs, Truck Drivers, IVDUs and STD patients.

Developmet of IEC material for street children, school education, colleges, adolescents and youths.

IVDU: Intra Venous Drug Users,
CSW: Commercial Sex Worker
STD: Sexually Transmitted Diseases
NGO: Non Govt. Organisation

Surveillance:

After the first case was detected in the country in 1986, we had initiated surveill-

ance activities in the country by establishment of 62 surveillance centres and 9 reference centres in various parts of the country.

We had also adopted sentinel surveillance system to monitor the trends of HIV infection by establishing 55 sentinel sites attached to these surveillance centres.

Clinical Management:

For effective clinical diagnosis of AIDS, a massive trainig programme has been undetaken to train Medical Officers for improving their skill about diagnosis of AIDS cases. About 2200 doctors have so far been trained as Key trainers through CMAI. IMA have been actively involved in conducting training programme for general private medical practitioners. Trainig modules have also been developed for training of nurses.

Reduction of Impact:

Establishment of counselling services have been initiated by development of training module on counselling and indentifictioin of five regional counselling training centres. The training on counselling is in progress.

To provide continuum of care services, a pilot project has been initiated in Manipur to develop effective care and support referral system at home, community and hospital level. This activity is being expanded in Tamil Nadu and Maharashtra.

Review of Proposal For Providing Uplinking Facility

*332. DR. RANBIR SINGH:
SHRI RAM NATH KOVIND:

Will the Minister of INFORMATION AND BROADCASTING be pleased to state:

(a) whether Government have been requested to review the proposals for providing satellite transmission uplinking facility in India; and

(b) if so, details thereof with progress made in this regard?

THE MINISTER OF CIVIL AVIATION AND MINISTER OF INFORMATION AND BROADCASTING (Shri C. M. Ibrahim): (a) No, Sir.

(b) Does not arise.

Implementation of Health Programmes in Tribal areas of Orissa

*334. SHRIMATI JAYANTI PATNAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether health programmes are being implemented in the tribal blocks of the Kalahandi, Bolangir and Koraput districts of Orissa;

(b) whether the state Government of Orissa has sought World Bank assistance for implementing these health programmes;

(c) whether his Ministry had recommended these programmes for World Bank assistance;

(d) if so, the world Bank assistance made available or likely to be obtained for implementing these projects; and

(e) the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) to (e) Orissa Government has sent a proposal for strengthening its secondary level health infrastructure with World Bank assistance. The project has been posed for external assistance to the World Bank.

The process of obtaining World Bank assistance as per their procedures takes around eighteen to twenty four months, based on the capacity of the states to design and formulate the projects within the ambit of the requirements of the external agency. It is not possible to comment on the final dimension of the project at this juncture.